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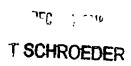
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

то:	Registration Se Division of Cor			
6111		INEERS LLC		
301	ыест:	Name of Limi	ited Liability Company	
The	enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Plea	ise return all correspo	indence concerning this matter	to the following:	
		ALFREDO E MORALES		
			Name of Person	
		AEM ENGINEERS LLC		
			Firm/Company	
		13444 SW 91ST TERRAC	DE .	
			Address	
		MIAMI, FL 33186		
		·	City/State and Zip Code	<u> </u>
		AMORA026@ALUMNES		
		E-mail address: ()	to be used for future annual report notif	ication)
For	further information e	oncerning this matter, please co	ıll:	
ΑL	REDO MORALES		786 6833396	
	Name o	f Person	at ()	Telephone Number
Enc	losed is a check for th	ne following amount:		
	\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AEM ENGINEERS LLC	
(<u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability C	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fill florida document number $\frac{1.18000214742}{}$.	led on and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability cor	npany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	oany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	18 May 7
3. If amending the registered agent and/or registered office ad registered agent and/or the new registered office address here:	dress on our records. enter the name of the
	##
Name of New Registered Agent:	Ø ^{3, G} i
New Registered Office Address:	
	Enter Florida street address
	, Florida
City	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	ALFREO E MORALES	13444 SW 91ST TERRACE, MIAMI, FL 33186	<u></u> ⊜ Add
			☐ Remove
			Change
			Add
			Remove
			□ Change
			A PANA
			Changes 3 10 Add
			☐ Remove
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			□ Remove
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ective date, if other than the date effective date is listed, the date must be to the date inserted in this block ument's effective date on the Depa	specific and cannot be does not meet the	applicable stat			ng.) Purst		
union s'effective date on the Depa	runent of state s re	cords.					
record specifies a delayed e he 90th day after the record	fective date, but I is filed.	ut not an ef	fective time, a	at 12:01 a.n	ገ. on th	ne earl	ier c
ed NOVEMBER 19	. 2018						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00